



State of Illinois

Employee Leasing Company (Lessor) Registration ELC-1

Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001

Fee Requirement: Attach a check or money order payable to the Director of Insurance for **\$1,000.**

Instructions: Print or type all information except that which requires a signature.

If a corporation, application must be signed by the chief executive officer.

Name of ELC		Tax or Social Security #
Address (number, street) of Principal Administrative Office		Telephone #
City	State	Zip Code

Type of Business Organization (check one): ☐ Corporation ☐ Sole Proprietorship
☐ Partnership ☐ Limited Liability Company

1. Enter the name and official title of the officers and directors of the lessor and its predecessors, successors, or alter egos in the preceding five (5) years. If more space is needed, attach a separate sheet listing additional persons.

Name _____ Title _____

2. Enter the name by jurisdiction of each name the employee leasing company has operated under in the preceding 5 years, including predecessor names. If more space is needed, attach a separate sheet listing additional names and jurisdictions.

Jurisdiction _____ Name _____

3. ELC shall notify the Department as to any changes in any information provided on this application within 30 days of such change.

Declaration

I, the undersigned, swear that I am the chief executive officer of the above ELC, and that I am authorized to file this application to operate as an employee leasing company in the State of Illinois. I further swear that the ELC will comply with all valid and legal requirements of statutes and regulations of the Director of Insurance. I swear the information in this application is complete and accurate to the best of my knowledge.

Date of Signing

Signature of Chief Executive Officer/Partner/Sole Proprietor